

Springside 2018-19 Registration

It is highly suggest you complete all forms prior to your arrival.

Once registration is completed, you will be given information including **track selection**, busing, Skyward access, and what to expect next.

All students will need the following forms completed:

- New Student Registration
- Guardianship Status Form
- Utah School Immunization Pink Card
- Health Form
- Records Request

All students will need the following documentation:

**Please note that some situations require additional forms prior to registration.*

Withdrawal Form- Student must be withdrawn from prior school and provide a withdrawal form.

Birth Certificate- Birth Certificate must be an original certified copy. Heritage/Souvenir birth certificates are not acceptable.

Immunizations- Student must have all required immunizations before attending school.

Proof of Residency-

Existing Home-Two forms of residency are required showing the legal guardian's name and dated within 60 days. Acceptable proof includes: utility bills, pay stubs, bank statements, major credit card statements, rental agreement, and closing statement.

Homes under Construction-The home must currently be under construction and parent must provide the building permit and the builder's contract.

Living with Friends or Relatives- If living with a relative or friend, a Living with Another Family form must be completed and notarized by both parties. Please contact our office prior to registration for more information.

Custodial Documentation (if applicable) If biological/adoptive parents are no longer married or there are any issues of guardianship, a copy of the custodial rights, signed by a judge, must be provided at time of enrollment.

Please contact our office with any questions or concerns.
801-610-8732 bdaley@alpinedistrict.org or jmckenna@alpinedistrict.org

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band _____

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS FORM**

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.

2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody by a court.*

3. _____ I am the birth parent of this child but was never married to the mother/father.

4. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Please choose one of the following.)
 - a. _____ I have been awarded legal guardianship of this child through the court.**
 - b. _____ I have not been awarded legal guardianship of this child through the court.

5. _____ I am a foster parent or proctor parent.

6. _____ None of the above statements describe my relationship to this child.
(Please describe your relationship to this child.)

Your Name: _____
(please print)

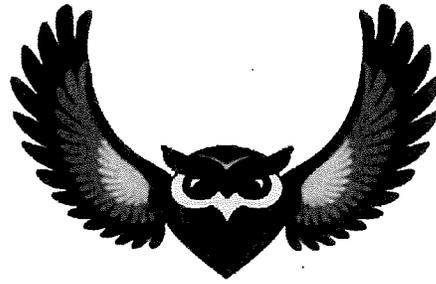
Your Signature: _____ Date _____

(By signing this document, I attest that the above information is true and correct.
I acknowledge that any falsification of information makes me subject to penalty of law.)

***To assist us in complying with court orders, you must provide us with a copy of the most recent legal court documents before the student can enroll.**

****Verification of court order or DCFS placement must be provided prior to child being enrolled.**

Springside Elementary



Phone: (801)610-8732
Fax: (801)854-5505
bdaley@alpinedistrict.org
694 S. Highpoint Dr.
Saratoga Springs, UT 84045

Name of Last School: _____

City and State: _____

Fax #: _____ Phone#: _____

Please send all school records including CUM folder with birth certificate, and immunizations records, special education (IEP), and any other records regarding the child listed below. Thank you.

Name: _____ Grade: _____ Birthday: ___/___/___

To expedite enrollment, please fax the following to us as soon as possible:

- *Birth Certificate*
- *Immunization Record*
- *Special Education Information*
- *Legal Documents*
- *Withdrawal Form*

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

School official or Parent/Guardian Signature

Date:

1st Request: _____ 2nd Request: _____

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

Recognizing the fundamental role technology plays in the 21st Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the [Internet/Wide Area Network Acceptable Use Policy](#) or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services

- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.

I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.

I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:

Alpine School District

Student Directory Information and Media Release

Student Name:

Student Id #:

Alpine School District strongly believes in protecting student data and student data privacy. Additionally, it recognizes students in various venues and desires to appropriately promote the positive accomplishments of students. This document discloses the fashions in which data may be shared and gives you a way to control how your student's data are made available in local publications and the general media.

District or School Level Applications and Services

To protect student privacy, Alpine School District enters into a legally binding privacy agreement with providers receiving student information for the purposes of delivering educational or operational services. In order to operate and provide services, essential systems receive student data regardless of the permissions below. A list of these essential district applications can be viewed [here](#).

Directory Information Release

Under the Family Educational Rights and Privacy Act (FERPA), Alpine School District defines Directory Information that can be disclosed or published without parental consent for each instance of sharing. Directory Information facilitates school publications and operational activities such as yearbooks, graduation or other programs, honor roll lists, class photos, etc. Parents can opt out of allowing the school or district to share Directory Information. Alpine School district defines Directory Information to include the following:

- Student First Name
- Student Last Name
- District Student Email
- Student Grade Level
- Past and Present School(s) attended
- Student Degree, Honors, Awards, Activities, Sports
- Student Photo

Declining the Directory Information provision restricts Alpine School District from disclosing any or all of the types of information designated above as Directory Information from your child's education records.

I Understand that the above information may be provided to outside entities for the purposes described above.

I Decline (I understand my student's information will not be included in publications such as graduation programs, extracurricular programs, honor rolls, or with providers such as photographers, ring manufacturers, etc...) This opt out needs to be done within five days of the beginning of the

school year, or at the date of first enrollment. Checking this box after that timeframe does not guarantee the restriction of Directory Information during that school year.

School and District Web/Social Media Release

Student information is sometimes requested by external media (newspaper, TV, radio, and so forth). Schools also use social media and the internet to publish student accomplishments and highlight student achievement. As such, Alpine School District requires parental/guardian permission in order for this information to be released or shared. Media release information includes Directory Information and also the following additional information:

- Student work or projects
- Student comments
- Student ideas
- Video of students

I Agree (The school or district may publish--in electronic format--my child's projects, photo/video, comments, and name. I understand that this information will be available on the Internet (please note that this does not replace the district's Acceptable Use Policy or imply permission to use Internet services).

I Decline (The school or district may not publish my child's projects, photos/video, comments, name to the media or to the internet.)

This form will be kept in Skyward and may be viewed in the student's profile.

Parent/Guardian Signature

Date



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox)* <small>1st dose must be received on or after the 1st birthday.</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					
Meningococcal					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal
 Conditional Admission date: _____
 Not-in-Compliance date: _____
*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:
 My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.
 Signature of Parent/Guardian _____
 Age of child at time of disease: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rev. 12/2014
www.immunize-utah.org
 (801)-538-9450

* If a student has history of the chickenpox disease, parent must sign to the right.

Record Source: Physician Registered Nurse Health Dept. USIIS

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ **Date:** _____ **Title:** _____